

REGEIVED CENTRAL FAX CENTER

Ø 001/013

Attention:	Group Art Unit: 1745	From:	Travis Dodd
Fax:	571-273-8300	Faxc	818-833-2065
Phone:		Phone:	818-833-2014
Company:	U.S. Patent and Trademark Office	Company:	Quallion LLC
		Pages:	Total of (13) Pages
Re:	Application Serial No.: 10/810,019 Title: POLYSILOXANE FOR USE IN ELECTROCHEMICAL CELLS Filed: March 25, 2004 Examiner: Jonathan Crepeau Group Art Unit: 1745 Attorney Docket No.: Q198-US1	Date:	April 26, 2007
CEI	THE CATE OF TRANSMISS SETTIFICATE OF SETT	SION BY F	ACSIMILE (37 CFR 1.8)
Fe	nendment Transmittal Letter (2 page) e Transmittal (in duplicate) (2 pages) nendment (8 pages)		
Lisa K. Re (Name of	olabins Person Signing Certificate) (Signature)		

Quallion LLC

PO Box 923127, Sylmar, CA 91392-3127 • PH: (818) 833-2000 • FAX: (818) 833-2065

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PAGE 1/13* RCVD AT 4/26/2007 4:27:05 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-3/3* DNIS:2738300* CSID:8188332065 * DURATION (mm-ss):02-52

Total Number of Pages in This Submission

RECEIVED QUALLION LEGAL CENTRAL FAXOUNTER APR 2 6 2007

10/810,019 **Application Number** March 25, 2004 **TRANSMITTAL** Filing Date WEST, Robert C. et al. First Named Inventor Group Art Unit 1745 (to be used for all correspondence after initial filing) **Examiner Name** Jonathan Crepeau Attorney Docket Number Q198-US1

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x Fee Authorized	Drawing(s)	Appeal Communication to Bos of Appeals and Interferences	
X Amendment	Licensing-related Papers	Appeal Communication to Group (Appeal Notice, Brief, Reply Brief	
After Finel	Petition to Covert to a Provisional Application	Proprietary Information	
Affidevits/declaration(5)	Power of Attorney, Revocation Cha of Correspondence Address	ange Status Letter	
Extension of Time Request	Terminal Disclaimer	Other Enclosure(s) (please identify below):	
Express Abandonment Request	Request for Refund		
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Information Disclosure Statement	Remarks		
Certified Copy of Priority Document(s)			
Response to Missing Parts/ Incomplete Application			
Response to Missing Parts under 37 CFR 1.52 or 1.53			
Customer Number or Bar Code Label	31815 (Insert Customer No. or Attach bar code label he	(en	
The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 50-0921. A duplicate copy of this sheet is enclosed. Respectfully submitted, By: Travis Dodd Attorneys for Applicant(s) P.O. Box 923127 Sylmar, CA 91392-3127			
	CERTIFICATE OF MAILING		
I hereby certify that this correspondence is being mail In an envelope addressed to: Commissioner of I date:	deposited with the United States Postal Servi Patents and Trademarks, Weshington, DC 202		
Typed or printed name TRAVIS DODD			
Signature	Dat	e e	

RECEIVEL QUALLION LECTENTRAL FAX CENTER

APR 2 6 2007

	Application Number	10/610,019	
TRANSMITTAL	Filing Date	March 25, 2004	
FORM (to be used for all correspondence after Initial filing)	First Named Inventor	WEST, Robert C. et al.	
	Group Art Unit	1745	
	Examiner Name	Jonathan Crepeau	
Total Number of Passe in This Submission	Attorney Docket Number	O198-US1	

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Certified Copy of Prior	rity Document(s)				
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			ICATE OF MAILING		7-1-1-1-1
I hereby certify that this corre- mail in an envelope addressed to: date:					th sufficient postage as first class n this
Typed or printed name TRA	AVIS DODD		,		
Signature				Date	

Ø 004/013

RECEIVED CENTRAL FAX CENTER APR 2 6 2007

FEE TRANSMITTAL

Attorney Docket No.	Q198-US1	
First Named Inventor:	West, Robert C. et al.	
Application Number	10/810,019	
Filing Date:	March 25, 2004	
Examiner Name:	1745	
Group/Art Unit:	Jonathan Crepeau	

TOTAL AMOUNT OF PAYMENT:	\$.00
METHOD OF PAYMENT (check One)	The Commissioner is hereby authorized to charge indicated fees and/or credit any over payment to:
,	Deposit Account No.: 50-0921 Deposit Account Name: Quallion LLC
	X. Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17
	2 Payment Enclosed: Check Money Order Other - Credit Card

2. UTILITY Basic Filing Fee & Claims

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(1) For	(2) No. filed	(3) No. extra	(4) Large Entity	(5) Small Entity	(6) Calculations
Basic Filing Fee	хх	хх	\$300.00	\$150.00	\$.00
Total Claims	27 – 54=	0	X \$50.00	X \$25.00	\$.00
Independent Claims	1-4=	0	X \$200.00	X \$100.00	\$.00
Multiple Dependent Cla	im(s) (if applicable)	\$360.00	\$180.00	\$.00
			Total of abo	ove Calculations =	\$.00

Basic Filing Fee	Large Entity	Small Entity	Total
Design filing fee	\$ 350.00	\$ 175.00	\$.00
Reissue filing fee	\$ 790.00	\$ 395.00	\$.00
Provisional filing fee	\$ 160.00	\$ 80.00	\$.00
	\$.00		

3. ADDITIONAL FEES

Fee Description	Large Entity	Small Entity	Other
	S	\$	S
	S	\$	S
	\$	S	\$
	S	\$	\$
		TOTAL	: S

Name (print/type)	TRAVIS L. DODD	Registration N (Attorney/Age		42,491
Signature		Date	4/26/20	007

FEE TRANSMITTAL

Attorney Docket No.	Q198-US1	
First Named Inventor:	West, Robert C. et al.	•
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Fee Description	Large Entity	Small Entity	Other
	S	\$	S
	S	S	S
	5	\$	S
	S	3	\$
-	*	TOTAL	: S

Name (print/type)	TRAVIS L. DODD	Registration No.: (Attorney/Agent)		42,491
Signature		Date	4/26/20	007

Application No: 10/810,019 Docket No.: Q198-US1 Page 1

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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APR 2:6 2007

In Re Application of:

WEST, Robert C. et al.

Examiner:

CREPEAU, Jonathan

Serial No.: 10/810,019

Filed: March 25, 2004

Art Unit:

1745

Title: POLYSILOXANE FOR USE IN

ELECTROCHEMICAL CELLS

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

AMENDMENT AND REQUEST FOR RECONSIDERATION

This communication is in response to the Restriction Requirement mailed on March 28, 2007. Please amend the application as follows: